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Question: 1627

The forensic nurse maintains certification and adheres to national practice standards. Which organization sets the core competencies specifically for Generalist Forensic Nurse Certified practice?

- A. State boards of nursing
- B. International Association of Forensic Nurses
- C. American Association of Colleges of Nursing alone
- D. Forensic Nursing Certification Board

Answer: D

Explanation: The Forensic Nursing Certification Board develops and maintains core competencies for GFN-C that encompass legal tenets, forensic science, and nursing science related to trauma. These standards guide certification and align with broader professional nursing education expectations.

Question: 1628

A 55-year-old incarcerated female exhibits psychological abuse sequelae (depression PHQ-9 18, self-harm scars 22 linear forearm) from guard coercion (job assignment threats). Which prison population violence type mandates PREA investigation?

- A. Withdrawal-induced agitation
- B. Environmental deprivation syndrome
- C. Inmate-on-inmate peer aggression
- D. Staff sexual harassment through positional power

Answer: D

Explanation: Incarcerated psychological abuse via staff coercion violates PREA standards (28 C.F.R. § 115.61), requiring forensic documentation of temporal threat-injury correlations (scar evolution green-yellow 5-7 days) with mandatory OIG referral, bridging mental health stabilization (SSRI titration) with Eighth Amendment deliberate indifference claims.

Question: 1629

An FN is collaborating with a substance abuse counselor to help a victim. The counselor asks for the results of the forensic exam to "encourage" the patient. How should the FN respond?

- A. Tell the counselor that the nurse doesn't have the report.
- B. Explain that the forensic report contains protected information and that only specific information, with the patient's written consent, can be shared to facilitate the patient's recovery.

- C. Ask the patient to sign a blanket release for all their records to the counselor.
- D. Give the counselor the full report, as it will surely motivate the patient.

Answer: B

Explanation: Adherence to privacy laws and ethical standards is critical. The FN must maintain patient trust and confidentiality. Collaboration is achieved by sharing only the necessary information with proper consent, supporting the therapeutic relationship rather than undermining the patient's privacy.

Question: 1630

A 45-year-old male veteran with PTSD experiences a "flashback" during a forensic exam. He becomes combative and starts shouting orders as if he were in a combat zone. What is the neurophysiological basis for this "trauma-informed" response?

- A. Excessive activation of the prefrontal cortex leading to over-analyzing the environment.
- B. Voluntary choice to disrupt the exam.
- C. A temporary surge in serotonin levels causing euphoria.
- D. The "bottom-up" bypass where the thalamus sends sensory input directly to the amygdala, triggering a survival response before the rational brain can process it.

Answer: D

Explanation: In individuals with trauma history, the "high road" (thalamus to cortex to amygdala) is often bypassed by the "low road" (thalamus directly to amygdala). This results in an immediate, involuntary survival response (fight, flight, or freeze) to a trigger—such as the smell of the clinic or the touch of the nurse—that the patient perceives as a life-threatening danger.

Question: 1631

During the collection of DNA evidence, the nurse performs a "buccal swab." What is the conceptual intent behind this procedure?

- A. To collect epithelial cells from the inside of the cheek as a reference sample to compare against crime scene DNA.
- B. To collect blood residue from the mouth to test for the presence of pathogens.
- C. To test the patient's oral hygiene habits.
- D. To collect saliva to test for recent alcohol consumption.

Answer: A

Explanation: A buccal swab is the standard method for obtaining a reference (known) DNA sample from an individual. The epithelial cells lining the inside of the cheek contain the individual's nuclear DNA. This

reference sample is essential because it provides a "known" profile against which "unknown" DNA evidence found at a scene (such as on clothing or in a bite mark) can be compared.

Question: 1632

During a telehealth consultation for a rural emergency department performing an evidentiary examination on a pediatric patient alleging sexual abuse, the remote forensic nurse observes subtle hymenal findings via live video while the local clinician collects swabs. The connection experiences brief latency. Which informatics application best ensures quality and safety in this forensic telehealth context?

- A. Proceed with verbal guidance only without recording the session.
- B. Utilize a secure, HIPAA-compliant synchronous telehealth platform with screen sharing for real-time guidance, high-resolution imaging upload, and encrypted session recording for quality review.
- C. Switch immediately to asynchronous store-and-forward of photographs.
- D. Limit the consultation to verbal history without visual support.

Answer: B

Explanation: Informatics in forensic nursing leverages secure synchronous telehealth platforms to extend expert SANE guidance to underserved areas, enabling real-time visualization, procedural mentoring, and documentation support while maintaining chain of custody integrity. High-resolution imaging and encrypted recording facilitate asynchronous quality assurance review, peer consultation, and legal defensibility. This technology application improves equitable access to specialized forensic care, reduces examination errors, and supports trauma-informed practice across diverse geographic settings.

Question: 1633

Federal TVPRA mandates validated human trafficking screening tools as?

- A. Strongly recommended for federal grantees
- B. Entirely optional without enforcement
- C. Subject to exclusive state implementation discretion
- D. Universally required across all providers

Answer: A

Explanation: TVPRA encourages evidence-based screening integration, tying to funding without micromanaging tools.

Question: 1634

According to Lynch's Conceptual Framework (1991), forensic nursing involves four key dimensions. Which of the following is NOT one of those identified dimensions?

- A. Criminal investigation
- B. Clinical practice
- C. Scientific research
- D. Legal system interface

Answer: A

Explanation: Lynch's framework identifies the four dimensions of forensic nursing as clinical practice, the legal system interface, the scientific basis of forensic practice, and the societal/ethical considerations. While the forensic nurse interacts with the justice system, they do not conduct the criminal investigation itself; that remains the duty of law enforcement.

Question: 1635

Which of the following is a primary goal of the forensic nurse during the "patient management" phase of the exam?

- A. Providing trauma-informed care and connecting the patient with support and advocacy services.
- B. Ensuring that the evidence collection is the only priority, regardless of the patient's emotional distress.
- C. Determining the identity of the perpetrator before any medical care is provided.
- D. Providing legal advice to the patient about how to testify in the upcoming court case.

Answer: A

Explanation: While forensic nurses are responsible for the collection of evidence, they are also patient advocates. The management phase includes providing crisis intervention, assessing safety, educating the patient on medical risks (e.g., STIs, pregnancy), and ensuring they have access to resources for emotional and psychological support. A trauma-informed approach is essential for facilitating patient participation and well-being.

Question: 1636

Substance-induced psychosis patient (methamphetamine level 250 ng/mL) arrested for assault exhibits formication excoriations (track marks). Forensic mental health referral?

- A. Toxicology-guided residential treatment diversion
- B. Antipsychotic depot monotherapy
- C. Incarceration pending trial
- D. Competency evaluation delay

Answer: A

Explanation: Forensic mental health diversion leverages urine metabolite half-life (120h) confirming recency, bridging residential SUD treatment with Drug Court, reducing recidivism 45% via contingency management while documenting psychosis resolution for restoration.

Question: 1637

GSW entrance documentation shows powder tattooing (density 120/cm², 18 cm diameter). Which objective language principle avoids range presumption?

- A. Calculate precise muzzle distance
- B. Note population firing statistics
- C. Correlate with bullet trajectory
- D. Describe spatial distribution pattern

Answer: D

Explanation: Objective topographic mapping (annular decay gradient $1/r^2$) with metric demarcation permits ballistics reconstruction absent distance assignment, integrated with clothing defects through body diagram overlay establishing evidentiary context for scene correlation.

Question: 1638

The forensic nurse testifies about injury aging based on color changes documented through serial digital photography. In a federal court, which standard governs admissibility of this expert opinion?

- A. Frye general acceptance alone
- B. Hearsay rule without exception
- C. Daubert reliability and relevance factors
- D. Sole reliance on clinical experience

Answer: C

Explanation: The Daubert standard requires evaluation of whether the methods used to document and interpret injury characteristics (including standardized digital imaging) are scientifically reliable and relevant. Factors include testability, peer review, error rates, and controlling standards.

Question: 1639

A 42-year-old female presents 36 hours post-intimate partner strangulation (voice change, dysphonia

$F_0 = 180\text{Hz}$ baseline 220 Hz, petechiae palatal $> 40/\text{cm}^2$) with elevated D-dimer 1200 ng/mL but normal troponin. History reveals pregnancy termination coercion. Which adult lifespan IPV variant requires lethality screening?

- A. Situational couple's argument escalation
- B. Isolated physical altercation
- C. Substance-induced domestic dispute
- D. Coercive control with reproductive abuse integration

Answer: D

Explanation: Reproductive coercive control within IPV manifests through forced pregnancy outcomes correlating with strangulation lethality (OR 12.6), necessitating Danger Assessment (score ≥ 14) with speech therapy referral while documenting vascular injury markers (D-dimer elevation > 1000) absent PE/ACS, guiding protective order parameters and safety planning across reproductive justice frameworks.

Question: 1640

In promoting justice within the legal system, a forensic nurse must remain objective when testifying for either the prosecution or defense in a domestic violence case. What core principle guides this impartial approach?

- A. Focus exclusively on conviction rates
- B. Alignment with law enforcement goals
- C. Commitment to truth-seeking, due process, and equitable application of law for all parties
- D. Advocacy solely for the victim

Answer: C

Explanation: Justice in the legal system demands impartiality, due process, and equal protection under the law. Forensic nurses advance this by providing objective, scientifically grounded testimony based on facts and specialized knowledge, whether in criminal or civil proceedings, helping ensure fair outcomes without bias toward any party.

Question: 1641

A nurse identifies that the current forensic protocols in the clinic are biased against LGBTQ+ patients. What is the nurse's ethical obligation?

- A. Keep it to themselves.
- B. Advocate for policy changes that ensure equitable care and align with the principles of justice and non-discrimination.

- C. Quit their job.
- D. Only help the LGBTQ+ patients in secret.

Answer: B

Explanation: Justice demands that all patients, regardless of sexual orientation or gender identity, receive equal and appropriate care. If the nurse identifies systemic bias, they have a professional and ethical obligation to advocate for change at the institutional level. Silence in the face of systemic inequity is a failure of the nurse's role as a patient advocate.

Question: 1642

A forensic nurse is performing a "Head-to-Toe Systematic Assessment." After inspecting the head and neck, the nurse moves to the torso. The nurse notes a suspected "bruise" on the abdomen. Which physical characteristic is most reliable for distinguishing a bruise from "lividity" (livor mortis) in a deceased or near-death forensic patient?

- A. Bruises will always be purple, while lividity is always cherry-red.
- B. Lividity only occurs on the anterior surface of the body regardless of position.
- C. There is no way to distinguish them without a full autopsy and toxicology report.
- D. Lividity will blanch under pressure in the early stages, whereas a bruise (extravasated blood) will not.

Answer: D

Explanation: This is a critical distinction in forensic assessments. Lividity occurs when blood settles in the dependent areas of the body due to gravity; in its early stages, the blood is still within the vessels and will move (blanch) if pressed. A bruise is blood that has escaped the vessels into the tissue (extravasated) due to trauma; it will not blanch because the blood is "trapped" in the interstitial space.

Question: 1643

A forensic nurse is experiencing compassion fatigue and notices they are becoming cynical toward patients. To practice lifelong learning and professional resilience, which self-care strategy is most evidence-based?

- A. Using personal life stories to empathize with patients to show that the nurse "gets it."
- B. Identifying and labeling patients who are "difficult" so that other nurses can avoid interacting with them during the shift.
- C. Engaging in regular supervision and reflective practice to monitor for secondary traumatic stress and ensure ongoing professional boundaries.
- D. Limiting patient interactions to the shortest time possible to avoid hearing details of their trauma.

Answer: C

Explanation: Compassion fatigue is a common occupational hazard in forensic nursing. Professional

resilience is maintained through reflective practice, which involves examining one's own clinical interactions and emotional responses in a structured environment. This allows the nurse to process the secondary trauma associated with forensic work, reinforcing boundaries and maintaining the capacity to provide high-quality, compassionate care.

Question: 1644

Which organization establishes the competencies required for Generalist Forensic Nurse Certified (GFN-C) certification?

- A. National League for Nursing
- B. Forensic Nursing Certification Board
- C. American Nurses Association
- D. Commission on Collegiate Nursing Education

Answer: B

Explanation: The Forensic Nursing Certification Board develops core competencies for GFN-C practice, ensuring integration of legal, forensic, and nursing science principles aligned with national nursing education standards.

Question: 1645

Rapid DNA evidentiary buccal (low DNA $0.2\text{ng}/\mu\text{l}$) fails stochastic threshold. Intent fallback?

- A. Defer to CE-STR lab
- B. Retry after extraction
- C. mtDNA sequencing
- D. Ignore as inconclusive

Answer: A

Explanation: Failures trigger traditional capillary electrophoresis for low-template optimization, preserving intent for identification.

Question: 1646

Performance audit: rapid DNA cross-contam in high-volume ED. Safety:

- A. Batch clean

- B. Gloves only
- C. Sequential process
- D. Dedicated stations, bleach decontamination (10% sol, 10-min contact), and swab-to-swab controls

Answer: D

Explanation: Guidelines mandate station-specific decontam for purity, controls verifying. QI ensures high-volume integrity. This protects multi-case safety.

Question: 1647

Overdose scene: needles, fentanyl strips. Pathologist notes pulmonary edema. Nurse investigator relays?

- A. Environmental risk factors
- B. Media alert
- C. Family tox tests
- D. User history

Answer: A

Explanation: Scene details contextualize pathology, aiding public health responses in MDTs.

Question: 1648

In preparing for court, the forensic nurse is coached to use more definitive language about injury causation than the evidence supports. Which core ethical obligation is at stake?

- A. Truth-telling and avoidance of misleading testimony
- B. Efficiency in case resolution
- C. Advocacy for the victim
- D. Collaboration with the legal team

Answer: A

Explanation: Forensic experts must use language that accurately reflects the limitations of findings and scientific certainty. Overstating conclusions violates veracity and can lead to unjust outcomes, undermining the nurse's role as an objective participant in the justice system.

Question: 1649

A forensic nurse testifies on colposcopic images of hymenal transection (angle $\theta = 45^\circ$), invoking Daubert standards for admissibility. Defense challenges methodological reliability. Which criterion satisfies judicial

gatekeeping for presentation?

- A. Historical Frye general acceptance exclusively
- B. Testability, peer review, known error rates, and general acceptance
- C. Prosecution endorsement certification
- D. Expert credentials alone suffice

Answer: B

Explanation: Daubert v. Merrell Dow Pharmaceuticals mandates judges assess expert testimony reliability via testability of techniques, peer-reviewed publication, established error rates (e.g., colposcopy inter-rater $\kappa = 0.85$), and field acceptance, ensuring forensic nurses present validated injury documentation like transection angles derived from calibrated stereomicroscopy. This gatekeeping precludes junk science, confining presentation to reproducible findings with quantified precision.

Question: 1650

A 4-year-old child is evaluated for suspected sexual abuse after disclosure to a teacher. The forensic nurse notes genital erythema but no acute trauma. When differentiating types of violence, which element most clearly classifies this as intentional sexual violence rather than unintentional injury?

- A. Normal variant anatomy without history of contact
- B. Minor labial adhesion common in prepubertal girls
- C. Accidental straddle injury from playground equipment with consistent history
- D. Child's detailed description of genital touching by a known adult, inconsistent with developmental stage for accidental injury

Answer: D

Explanation: Intentional sexual violence includes contact or penetration for gratification or control, often by trusted adults, and may present with minimal physical findings due to tissue elasticity in children. Forensic assessment relies heavily on history from the child (using non-leading questions), behavioral indicators, and forensic evidence collection per pediatric protocols. Unintentional injuries have plausible mechanisms matching the child's activity level and lack secretive or grooming elements.

Question: 1651

A forensic nurse is asked by the police to collect evidence from a patient who is unconscious. The nurse cannot obtain informed consent. Under what legal authority is the nurse most likely acting?

- A. A judicial warrant or a recognized emergency exception to the warrant requirement.
- B. The implied consent of the patient's spouse.

- C. The hospital's policy to always collect evidence.
- D. The verbal permission of the nursing supervisor.

Answer: A

Explanation: In the absence of patient consent, the collection of biological evidence (such as blood or DNA) from an unconscious person constitutes a search under the Fourth Amendment. To be legal, this must be supported by a valid warrant issued by a judge or by meeting the "exigent circumstances" exception (e.g., the potential for evidence to be destroyed before a warrant can be obtained), which law enforcement must typically initiate.



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